



STATE OF MAINE
Department of Public Safety
Liquor Licensing
164 State House Station
Augusta, Maine
04333



OFF PREMISE TRANSFER APPLICATION

The undersigned, who is the holder of an Off Premise Liquor License under the provisions of Title 28-A MRSA § 605, hereby respectfully requests that said license be transferred from his present location:

Street Address

TO:

New Street Address

Both premises being within the same municipality of:

City/Town

Permanent License #: _____ Expiration Date: _____

Name of Business: _____

Contact Person: _____

Telephone Number: _____ FAX Number: _____

Requested Transfer Date: _____

Dated at: _____ On _____, 20____
City/Town Date

Signature of Individual(s) or Duly Authorized Officer(s)
Of Corporation, or if Partnership by Members of
Partnership

OffPremTransApp/2008

Office Located at CENTRAL MAINE COMMERCE CENTER 45 Commerce Drive Suite 1, AUGUSTA, ME 04330

(207) 624-7223 and 624-7224 Licensing and Inspections

(207) 287-3424 FAX

(207) 624-7230 Referrals and Training